

## 2011 CalCHEEPS Instrument

"Hello! My name is \_\_\_\_ and I am calling from the University of Minnesota's Nutrition Coordinating Center on behalf of the California Department of Public Health. May I please speak to (parent's name)?"

Say to the parent:

"Hello! My name is use your first name only and I am calling from the University of Minnesota's Nutrition Coordinating Center on behalf of the California Department of Public Health. You recently agreed to complete a confidential study regarding (child's name) eating and physical activities. Today I would like to speak with your child about what he/she ate or did over the past 24-hours. May I please speak with him/her?"

If the response is "No," ask if you can call back to speak with their child later that day. If they tell you that yesterday was an atypical day for their child (e.g., he/she was ill), tell them that you will call back on another day. If they say, "Call tomorrow," explain that you can't make any appointments beyond today, as our calls need to be unannounced. Thank them for their time and tell them we'll try to reach their child another day.

If the response is "Yes," say to the child:

"Hello. My name is use your first name only . I work with the California Department of Public Health. We are interested in learning about the different types of foods you eat and the physical activities you do on a typical day. Your answers will be used to plan special programs for kids your age. What you tell us will be combined with what other children tell us and kept confidential. You can stop the interview whenever you want, and you do not have to respond to questions that you don't want to answer. This will take about 25 minutes. Would you like to continue?"

If the response is "No," ask if you can call back to speak with them later that day. If not, thank them for their time. RECORD AS REFUSED. If "Yes," Continue (below).

"Thank you for agreeing to take part in this study. Before we begin, I'd like to explain that in this interview, I will ask you about everything you had during the past 24-hours. I'll ask questions to help you remember what you ate and activities you did yesterday. We can use the (refer to food amounts booklet) to estimate the amounts of things you ate and drank. Take a moment to think about yesterday, what you did, where you went and so on. Now let's begin."

**Using NDSR software, complete the 24-hour dietary recall with the child as the primary respondent and parent assistance (as needed) using the mailed two-dimensional food amounts booklet.**

### **CONTINUE WITH CHILD:**

*Thank you for talking with me about what you ate. I have a few more questions to ask you.*

#### **ENTER FROM SAMPLE SOURCE (DO NOT ASK)**

RESPONDENT ID:

CHILD'S FIRST NAME (PREFERRED NAME, INCLUDING A NICKNAME), TYPE HERE:

LANGUAGE PREFERENCE CITED DURING RECRUITMENT:

1 SPANISH

2 ENGLISH

SAMPLE GROUP NUMBER:

1. Are you in school now?

1	Yes (WILL BRANCH TO "A" SERIES QUESTIONS, WHEN APPROPRIATE)
0	No (WILL BRANCH TO "B" SERIES QUESTIONS, WHEN APPROPRIATE)

2. For the next few questions, think about the physical activities you may have done yesterday, things that got your body moving like sports, physical activity lessons or playing actively with your friends. Did you do any physical activities yesterday, on [DAY]?

1	Yes – GO TO Q.3
0	No – SKIP TO Q.5
999	DON'T KNOW/REFUSED – SKIP TO Q.5

IF “YES” IN Q2, ASK:

3. What physical activities did you do yesterday? PROBE: Did you do any other physical activities yesterday? DO NOT READ LIST.

MENTION FIRST SECOND THIRD FOURTH AND BEYOND				
01	01	01	01	AEROBICS/WEIGHT TRAINING/GYM/EXERCISE
02	02	02	02	BASEBALL/SOFTBALL/CATCH/PITCHING
03	03	03	03	BASKETBALL
04	04	04	04	BIKE RIDING/DIRT BIKING/MOUNTAIN BIKING
05	05	05	05	CHEERLEADING
06	06	06	06	DANCE
07	07	07	07	FIELD HOCKEY/STREET HOCKEY/ROLLER HOCKEY
08	08	08	08	FOOTBALL
09	09	09	09	GOLF
10	10	10	10	GYMNASTICS/TUMBLING
11	11	11	11	HIKING
12	12	12	12	ICE HOCKEY
13	13	13	13	ICE SKATING
14	14	14	14	JUMPING ROPE
15	15	15	15	LACROSSE
16	16	16	16	MARTIAL ARTS (KARATE/TAE KWON DO/JUDO)
17	17	17	17	PLAYING GAMES; PLEASE SPECIFY: _____; PROBE: Were you physically active? IF “NO,” DON'T SELECT/COUNT  REFER TO STUDY NOTES (ANGIE) AND CALCHEEPS PAST CODING FOR GUIDANCE.
18	18	18	18	ROLLER BLADING/ROLLER SKATING
19	19	19	19	RUNNING/JOGGING
20	20	20	20	SCOOTER RIDING; PROBE: Does it have a motor? IF “YES,” DON'T SELECT/COUNT
21	21	21	21	SKATEBOARDING
22	22	22	22	SOCCER
23	23	23	23	SWIMMING
24	24	24	24	TENNIS
25	25	25	25	TRACK AND FIELD
26	26	26	26	VOLLEYBALL

27	27	27	27	WALKING
28	28	28	28	WRESTLING
888	888	888	888	OTHER; SPECIFY:
999	999	999	999	DON'T KNOW/REFUSED

FOR EACH SINGLE RESPONSE IN "FIRST," "SECOND" AND "THIRD" MENTION, ASK:

4. How long did you spend doing [ACTIVITY] yesterday?

FIRST MENTION	SECOND MENTION	THIRD MENTION
NUMBER OF HOURS: _____	NUMBER OF HOURS: _____	NUMBER OF HOURS: _____
NUMBER OF MINUTES: _____	NUMBER OF MINUTES: _____	NUMBER OF MINUTES: _____
1 ONLY HOURS GIVEN 2 ONLY MINUTES GIVEN 3 HOURS AND MNUTES GIVEN 999 DON'T KNOW/ REFUSED	1 ONLY HOURS GIVEN 2 ONLY MINUTES GIVEN 3 HOURS AND MNUTES GIVEN 999 DON'T KNOW/ REFUSED	1 ONLY HOURS GIVEN 2 ONLY MINUTES GIVEN 3 HOURS AND MNUTES GIVEN 999 DON'T KNOW/ REFUSED

**PROGRAMMER NOTE: Q4 NOT ASKED OF THE "FOURTH MENTIONS AND BEYOND" IN Q3.**

ALL:

5A. Yesterday, about how much time did you watch TV, watch videos/DVDs or play video games? Do not include television or video watching at school or on a computer.

5B. Yesterday, about how much time did you watch TV, watch videos/DVDs or play video games? Do not include television or video watching on a computer.

\_\_\_\_\_ NUMBER OF HOURS

\_\_\_\_\_ NUMBER OF MINUTES

1 ONLY HOURS GIVEN

2 ONLY MINUTES GIVEN

3 HOURS AND MINUTES GIVEN

999 DON'T KNOW/REFUSED

888 DON'T OWN TV/VIDEO PLAYER/VIDEO GAMES/HAVE ACCESS TO VIDEOS

889 CHILD SHOULD NOT INCLUDE TELEVISION OR VIDEO WATCHING AT SCHOOL OR TV VIEWING ON A COMPUTER.

6A. Yesterday, about how much time did you spend using a computer or playing computer games for fun? Please do not include schoolwork.

6B. Yesterday, about how much time did you spend using a computer or playing computer games for fun?

\_\_\_\_\_ NUMBER OF HOURS

\_\_\_\_\_ NUMBER OF MINUTES

1 ONLY HOURS GIVEN

2 ONLY MINUTES GIVEN

3 HOURS AND MINUTES GIVEN

999 DON'T KNOW/REFUSED

888 DON'T OWN COMPUTER/DO NOT HAVE ACCESS TO A COMPUTER

7. READ FOR LEAD/FIRST ITEM ONLY: Thinking of your own home, tell me if the following statements are always true, sometimes true or never true. READ FIRST ITEM. IF NECESSARY: Would you say always, sometimes or never? FOR SECOND THROUGH FOURTH ITEMS: READ ITEMS AND THEN ASK: Would you say always, sometimes or never? ROTATE ITEMS.

	Always (3)	Sometimes (2)	Never (1)	Don't Know/ Refused (999)
In your home, there are lots of fruits to eat <u>that you like</u>	3	2	1	999
In your home, there are lots of vegetables to eat <u>that you like</u>	3	2	1	999
In your home, there are fruits kept out in a place where you can get them	3	2	1	999
In your home, there are vegetables cut up and ready to eat where you can get them	3	2	1	999

- 8A. In the past school week, how many days did you eat school lunch?  
8B. When you are in school, how many days a week do you usually eat school lunch?

\_\_\_\_\_ DAYS (VALID RANGE = ZERO TO FIVE)

999 DON'T KNOW/REFUSED

- 9A. In the past school week, how many days did you have PE or gym class?  
9B. When you are in school, how many days a week do you usually have PE or gym class?

NUMBER OF DAYS \_\_\_\_\_ VALID RANGE = ZERO TO FIVE (IF ZERO, SKIP TO QN.)

999 DON'T KNOW/ REFUSED

IF "ZERO" OR "DON'T KNOW/999," GO TO Q11.

IF ONE OR GREATER IN Q9, ASK:

10. Think about a typical PE or gym class and the physical activities you may have done, things that got your body moving like sports, physical games or playing actively with your friends. How long do you usually spend doing physical activities in PE or gym class? RECORD BELOW.

NUMBER OF HOURS: \_\_\_\_\_

NUMBER OF MINUTES: \_\_\_\_\_

- 01 ONLY HOURS GIVEN  
02 ONLY MINUTES GIVEN  
03 BOTH HOURS AND MINUTES GIVEN  
999 DON'T KNOW/REFUSED

11. About how many minutes do you think you should exercise or be active each day for good health? Things that get your body moving like sports, physical activity lessons or playing actively with your friends. DO NOT ACCEPT A RANGE. Is that closer to \_\_\_\_ or \_\_\_\_? IF NECESSARY BECAUSE CHILD RESPONDS "ONE HOUR": How many minutes is that? IF NECESSARY: So you would say 60 minutes?

\_\_\_\_\_ NUMBER OF MINUTES (VALID RANGE = 1 TO 180)

IF >180; ASK: \_\_\_\_ minutes equals more than three hours of exercise each day. I want to double check that this is your answer. Is this correct?

000 NONE/NOT NECESSARY (VOLUNTEERED)

777 DON'T KNOW

999 REFUSED

12. About how many days each week do you think you should exercise or be active? DO NOT ACCEPT A RANGE. Is that closer to \_\_\_ or \_\_\_? IF NECESSARY BECAUSE CHILD RESPONDS WITH “ONE WEEK” OR ANY RESPONSE THAT IS NOT A NUMBER (READ VERBATIM): Knowing that there are seven days in a week, how many days each week do you think you should exercise or be active. IF NECESSARY: So you would say 7 days a week? IF “NO,” ASK: Then about how many days?

\_\_\_\_\_ NUMBER OF DAYS (NOTE: VALID RANGE = 1-7)

000 NONE/NOT NECESSARY (VOLUNTEERED)

777 DON'T KNOW

999 REFUSED

13. How many total cups of fruits and vegetables do you think you should eat every day for good health? PAUSE: That's a combined total of fruits, fruit juices, vegetables and salads. A cup is about the size of a baseball or about the size of both your hands cupped together. DO NOT ACCEPT A RANGE. PROBE FOR A NUMBER.

\_\_\_\_\_ NUMBER OF CUPS/BASEBALLS/CUPPED HANDS

000 NONE/NOT NECESSARY (VOLUNTEERED)

777 DON'T KNOW

999 REFUSED

\*NOTE: HALF PORTION SIZES (E.G., THREE AND A HALF, FOUR AND A HALF, ETC) ARE ACCEPTABLE AND SHOULD BE RECORDED AS SUCH; HOWEVER, NO OTHER PROPORTION (E.G., ONE-FOURTH, THREE-FOURTHS, ONE-THIRD) ARE ACCEPTABLE.

\*\*RULE FOR RANGES GIVEN: IF TWO WHOLE NUMBERS GIVEN (E.G., “FOUR TO FIVE SERVINGS”) ASK: Is that closer to \_\_\_, \_\_ and a half, or \_\_\_? (EXAMPLE: “Is that closer to four, four and a half, or five servings?”)

\*\*\*RULE FOR RANGES GIVEN: IF A WHOLE NUMBER AND A FRACTION GIVEN (E.G., “FOUR TO FOUR AND A HALF SERVINGS,” ASK: Is that closer to \_\_\_ or \_\_\_? (EXAMPLE: “Is that closer to four or four and a half servings?”)

\*\*\*\*NOTE TO INTERVIEWER: IF CHILD STATES XX CUPS OR XX BASEBALLS, OR XX HANDS CUPPED TOGETHER, THE INTERVIEWER SHOULD RECORD THIS NUMBER/AMOUNT (SINCE WE READ ALL THREE FORMS OF MEASURE TO THE CHILDREN).

14. Now, I am going to read you several statements. READ: For each one, please tell me if you agree or disagree. WAIT FOR ANSWER. WHEN ANSWERED, ASK: Do you agree/disagree a lot or a little? ROTATE ITEMS.

	Agree (YES)		Disagree (NO)		Don't Know/Refused (999)
	A Lot (4)	A Little (3)	A Little (2)	A Lot (1)	
Your parents eat high-fat foods like French fries, chips or desserts.	4	3	2	1	999
Your family exercises or is active together by doing things like going to the park, playing sports or riding bikes.	4	3	2	1	999
You think you're good at most sports.	4	3	2	1	999
You want to have fruit for an afternoon snack.	4	3	2	1	999
You help fix fruits, vegetables or salads for dinner.	4	3	2	1	999
I feel safe doing physical activities outside, in my neighborhood.	4	3	2	1	999
There are lots of places in my neighborhood where I can do physical activities.	4	3	2	1	999

15. How many of your friends do physical activities every day? Would you say: none, some, most or all?

0	None
1	Some
2	Most
3	All
999	DON'T KNOW/REFUSED

16. For the next questions, you can answer yes or no?

	Yes (1)	No (0)	DON'T KNOW/ REFUSED (999)	DON'T EAT SCHOOL LUNCH (888)
Does your school cafeteria have a salad bar?  *IF ASKED "WHAT'S A SALAD BAR?": A salad bar is usually a table or cart that has a lot of different types of foods that you can choose from to make your own salad. Usually these foods include lettuce, cheese, tomatoes, carrot slices, fresh fruit, salad dressings and so on.	1	0	999	888
A. Did you get to taste any fruits or vegetables in the classroom this year? B. When you were in school, did you get to taste any fruits or vegetables in the classroom?	1	0	999	
A. Does your school have bake sales or candy sales to raise money? B. When you were in school, did your school have bake sales or candy sales to raise money?	1	0	999	
A. Does your teacher reward students by giving out treats like candy, cookies, soda or chips? B. When you were in school, did your teacher reward students by giving out treats like candy, cookies, soda or chips?	1	0	999	
A. In the past school week, did you have any lessons about food, nutrition and your health? B. When you were in school, did you have any lessons about food, nutrition and your health?	1	0	999	
Did you sit down and eat a meal together with your family yesterday?	1	0	999	
Do your parents limit the amount of time you spend watching TV or playing video games to less than two hours a day?	1	0	999	
Is there a television in your bedroom?	1	0	999	
Right now, do you play on any sports teams, including any teams run by your school or community group?	1	0	999	

Can you please look at the logos on the last page of the white Food Amounts Booklet? WHEN CHILD IS LOOKING AT THE LOGOS.

- 17A. During this school year, do you remember seeing or hearing anything about a program for kids called *Power Play*!?
- 17B. During your most recent school year, do you remember seeing or hearing anything about a program for kids called *Power Play*!?

1	Yes
0	No
777	DON'T KNOW
999	REFUSED

- 18A. During this school year, do you remember seeing or hearing anything about a program for kids called Harvest of the Month?
- 18B. During your most recent school year, do you remember seeing or hearing anything about a program for kids called *Harvest of the Month*?

1	Yes
0	No
777	DON'T KNOW
999	REFUSED

Now just to confirm...

19. Are you a boy or a girl?

1	Girl
0	Boy
999	REFUSED

- 20A. What grade are you in?
- 20B. When you start school, what grade will you be in?

3	Third grade
4	Fourth grade
5	Fifth grade
6	Sixth grade
888	Other; what grade:
999	DON'T KNOW/REFUSED

**TRANSITION:** *Thank you so much! May I please speak with your parent or guardian now?*



**FINISH WITH PARENT/GUARDIAN:**

WHEN PARENT/GUARDIAN IS ON PHONE, CONTINUE: We have a few remaining questions to gather from the yellow booklet that you may have already answered. Do you have the yellow booklet of questions sent to you with the Food Amounts Booklet? These questions are background questions about your child and your household.

(Those receiving tape measure.)

21. How tall is NAME, now without shoes? Please use the enclosed tape measure to measure NAME's current height. Please write his/her height below.

\_\_\_\_ Feet \_\_\_\_ Inches **OR** \_\_\_\_ Centimeters

(Those NOT receiving tape measure.)

21. How tall NAME, now without shoes? Please write his/her height below.

\_\_\_\_ Feet \_\_\_\_ Inches **OR** \_\_\_\_ Centimeters

PROGRAMMER NOTE: INCLUDE VALID DATA ENTRY RANGES FOR Q21 AND Q23 (FEET = 2-6; INCHES = 0-11; CENTIMETERS = 90 TO 210; POUNDS = 30 TO 250; KILOGRAMS = 14 TO 113).

(Those receiving tape measure.)

22. Were you able to use the tape measure provided to measure NAME's height? IF NECESSARY: Or a tape measure, yardstick or ruler that you already had at home?

1	Yes
0	No
888	Another measure use: Specify_____
777	DON'T KNOW
999	REFUSED

23. How much does NAME weigh now without shoes?

\_\_\_\_ POUNDS

**OR**

\_\_\_\_ KILOGRAMS

777 DON'T KNOW: Please provide your best guess.

999 REFUSED

24. During the past 12 months, did NAME receive free or reduced-cost breakfasts or lunches at school?

1	Yes
0	No
999	DON'T KNOW/REFUSED

25. In what month was NAME born?

1	January	7	July
2	February	8	August
3	March	9	September
4	April	10	October
5	May	11	November
6	June	12	December

999 DON'T KNOW/REFUSED

26. In what year was NAME born?

1	1999
2	2000
3	2001
4	2002
5	2003
888	Other; please specify year: _____
999	DON'T KNOW/REFUSED

27. Is NAME of Hispanic or Latino origin? (Note: Hispanic or Latino includes Mexican, Mexico-American, Central American, South American or Puerto Rican, Cuban or other Spanish-Caribbean.)

1	Yes
0	No
777	DON'T KNOW
999	REFUSED

28. Now, I'm going to read a list of categories. Please choose one or more of the following categories to describe NAME'S race.

Is NAME: (SELECT ALL THAT APPLY.)

1	White,
2	Black or African-American,
3	American Indian,
4	Alaska Native,
5	Asian,
6	Native Hawaiian, or
7	Other Pacific Islander?
888	Other; please specify:
777	DON'T KNOW
999	REFUSED

BE SURE TO READ THE ENTIRE QUESTION AS WRITTEN, INCLUDING ALL RESPONSE CATEGORIES. RACE INFORMATION IS COLLECTED BY SELF-IDENTIFICATION. IT IS: "Whatever you consider your child to be." DO NOT TRY TO EXPLAIN OR DEFINE ANY OF THE GROUPS. MULTIPLE RACES MAY BE SELECTED.

29. What is the highest grade or year of school you, the parent or guardian, completed? READ ONLY IF NECESSARY.

0	Never attended school or only kindergarten
1	8 <sup>th</sup> grade or less
2	9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma
3	High school graduate/GED completed
4	Completed a vocational trade or business school program
5	Some college credit, but no degree
6	Associate degree (AA, AS)
7	Bachelor's degree (BA, BS, AB)
8	Master's degree (MA, MSW, MBA)
9	Doctorate (PhD, EdD) or professional degree (MD, DDS, CVM, JD)
777	DON'T KNOW
999	REFUSED

30. Including the adults and all the children, how many people live in this household?

ENTER NUMBER OF PEOPLE: \_\_\_\_\_ (ENTER HERE)

777 DON'T KNOW

999 REFUSED

IF ASKED: Each person in the household must be a current resident of the household. A current residence is defined as a place where the person is staying for more than two months at the present time. If a person has no place where he or she usually stays, the person should be considered a resident regardless of the length of the current stay. Persons away from their residence for two months or less, whether travelling or in the hospital, are considered "in residence." Persons away from their residence for more than two months are considered "not in residence" unless the person is away at school (i.e., boarding school, military academy, prep school, etc.). Children who live only part-time in the household because of custody issues should be included if they are staying there when the household is contacted for this survey.

31. Because a household's income has been shown to affect health outcomes, could you please tell me your best estimate of your household's total annual income from all sources before taxes? Your answers are confidential and we never share this information.

ENTER DOLLAR AMOUNT: \$ \_\_\_\_\_

777 DON'T KNOW

999 REFUSED

32. During the past 12 months, did anyone in the household receive Food Stamps or CalFresh?

1	Yes
0	No
777	DON'T KNOW
999	REFUSED

**Thank you very much for your time, and NAME's time, tonight.**